Division of Aging and Adult Services Financial Management Self Assessment

Region:	

Part A: <u>Current Year</u> Preliminary Monitoring & Audit Indicators for Fiscal Year Ending June 30, 2020

Instructions: This is a listing of each subrecipient of the AAA for the <u>current fiscal year</u>. Determine the appropriate response to each question for all subrecipients. Part A is due to the Division of Aging and Adult Services by <u>December 12, 2019</u> via email to jennifer.a.powell@dhhs.nc.gov. Save this document as XFISCALPARTA.xls, X = Regional designation (i.e. A, B, C, etc)

	1. Chec grants/contra 20	acts FY2019-			4. Indicate (planned	Yes or No) if <u>or</u> for fiscal year 2	n <u>-site visit</u> is 2019-2020		Α	NTICIPATED b	f financial report of the subrecipien 2020 see NCGS 1	t		6. Indicat	e (X) if subrecipie	nt is:	
Subrecipient Name	Completed DAAS-732	Completed DAAS- 732A	2. Indicate (Yes or No) Whether Federal Awards Were Used to Cover Audit Costs	3. Enter level of risk (i.e. low, moderate, or high)	For Program Verification	For Fiscal Verification	For Unit Verification	Sworn Statement	Receipts of <\$25,000	Receipts of >\$25,000 or more	Schedule of Receipts & Expenditures	Single Audit	*Yellow Book Audit	Governmental	Non-profit (non- governmental)	For-Profit	7. Indicate (Yes or No) were service(s) discontinued at the end of the prior year? (Fiscal Year 2018-2019)